

Name
in
Full

To BE ANSWERED BY
• NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs Bishop

CERTIFICATE OF DEATH

MARYLAND

Died at Catonsville Md

Date of death 1906 Month Aug Day 16

County Garrett

Years 80 Months 8 Days

Sex Male Color or Race W

Birth-place W Va

Occupation New

Where Residing if not
at place of death

Catonsville

Married, Single
or Widowed W

Name of Wife or
Husband

Father's Name M. K. Hall

Father's Birthplace Virginia

Mother's Maiden Name Nancy Byrne

Mother's Birthplace "

Name of person giving
Information Mrs G. S. Hanmer

How related
to deceased Daughter

CAUSES OF DEATH

Primary Old age

(54)

How long about 1 yr

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Hermes
Oakland

Accident or Suicide?

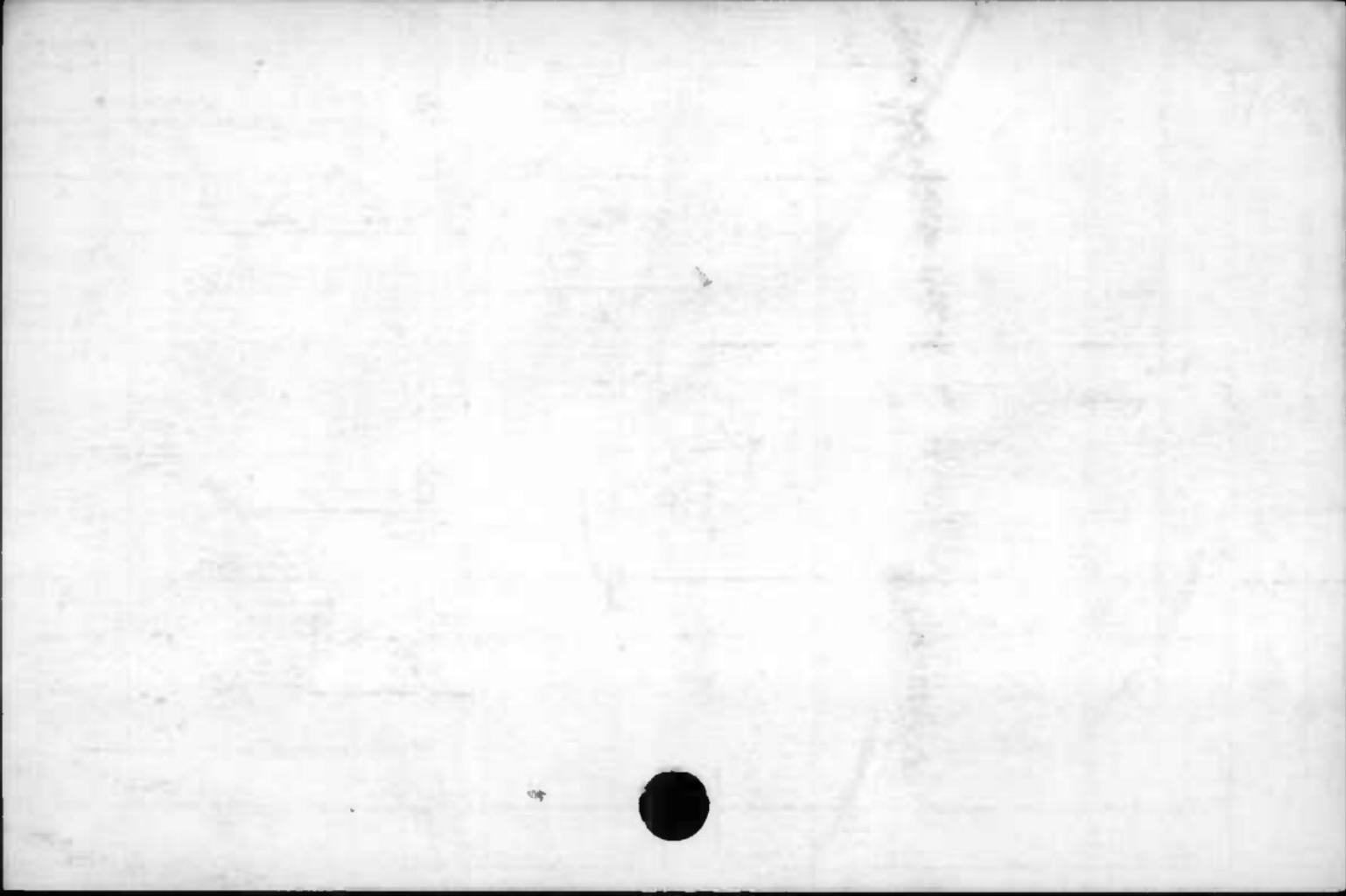
Old Man Tullidge
Mr Geo Deawder

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Loch Lynn</u> Town _____ Date of death <u>1906</u> Month <u>Aug</u> Day <u>9</u>			County <u>Garrison</u>	MARYLAND	
Sex <u>male</u>	Color or Race <u>white</u>	Age <u>143</u>	Years	Months	Days
Occupation <u>✓</u>	Where Residing if not at place of death <u>Parkersburg W. Va</u>				
Married, Single or Widowed <u>✓</u>	Name of Wife or Husband <u>✓</u>				
Father's Name <u>Wenlor Caldwell</u>	Father's Birthplace <u>✓</u>				
Mother's Maiden Name <u>Miss Nichols</u>	Mother's Birthplace <u>✓</u>				
Name of person giving Information <u>Dr. McComas</u>	How related to deceased <u>not related</u>				
CAUSES OF DEATH <u>(15)</u>					
Primary <u>Membranous Ilio-Colitis</u>	How long <u>Three weeks</u>				
Immediate <u>General exanthem</u>	How long <u>Three weeks</u>				
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician <u>Henry W. McComas</u> Address <u>Oakland M.D.</u>			
Accident or Suicide? <u>✓</u>					



Name
in
Full

Meredith Gepsin Collins

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County				
Died at <u>Ocean City</u>	<u>Somerset</u>				
Date of death <u>1906</u>	Month <u>Aug</u>	Day <u>26</u>	Years	3 Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Age	Birth-place <u>Newport Md</u>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Earl Gepsin</u>	Father's Birthplace				
Mother's Maiden Name <u>Josephine Collins</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Mother</u>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart trouble

How long

(105)

Immediate

Signature of Physician

M. C. Sweetser

Are the name, age, sex, color, date and place correctly given above?

Address

Ocean City
md

Accident or Suicide?



Belle E. L. Penwell

Town

Southern

County

Garrett

MARYLAND

Died at

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

68

Widow

Divorced

Female -

Colored -

Married

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Belle E. L. Penwell

Mother's

Maiden Name

(105)

Cause of

Primary

Weak constitution from birth

How long sick

Death

Immediate

Cholera infantum

Accident, Suicide, Homicide

Reported by

Sines & Fries

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Bellona Mahilda Emerson

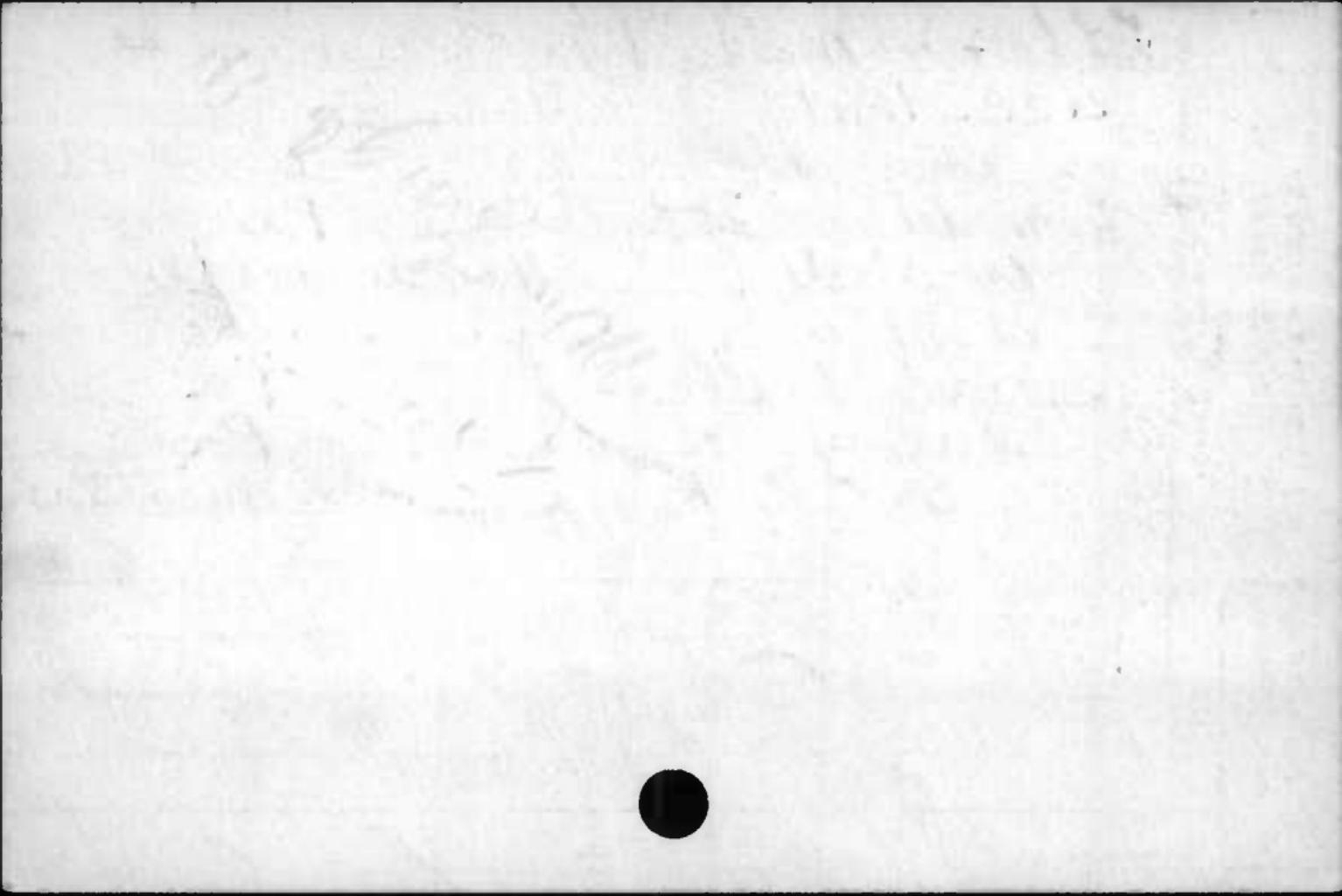
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
accident		Garrett	
Date of death 1906	Month Aug	Day 28	Years 29
		Age	Months 6
Sex Female	Color or Race White	Birth-place Pa	Days 23
Married, Single or Widowed married	Occupation House wife		
Name of Wife or Husband Anthony Emerson			
Father's Name David Riddle	Father's Birthplace Pa		
Mother's Maiden Name Sarah Knop	Mother's Birthplace Pa		
Name of person giving Information Sarah Knop	How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Typhoid Fever	①	How long 2 wks
	Immediate Pneumonia		How long 2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. J. Mason MD	
		Address Friendsville Md	
Accident or Suicide?			



Name
in
Full

Baby Friend
Oatland Garrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Own			County	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1906	Aug	27			5	
Sex	Color or Race			Where Residing if not at place of death	Birth-place	
Female	White			Maryland	Md	
Occupation						
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	G B M Friend			Father's Birthplace	Md	
Mother's Maiden Name	Agnes Friend			Mother's Birthplace	Md	
Name of person giving information	W J Friend			How related to deceased	uncle	

CAUSES OF DEATH

Primary	Resuel Troubles	How long
Immediate	105	6 days

Are the name, age, sex, color, date and place correctly given above?

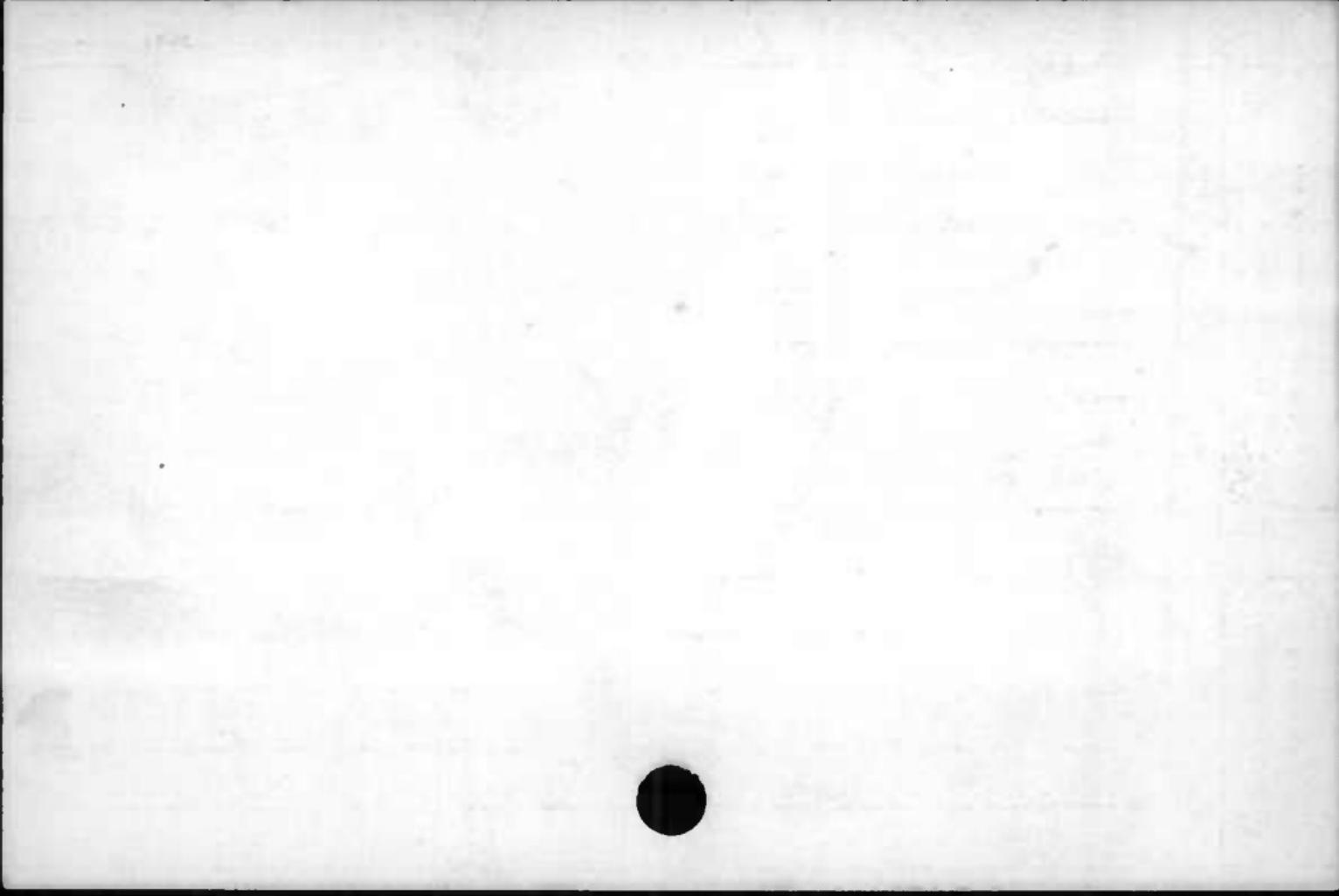
Signature of Physician

Address

No Doctor

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Andrew J. Lancaster

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Male	Color or Race	White
Occupation	Fanner		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John Lancaster		
Mother's Maiden Name	Mrs Garrison		
Name of person giving information	Jane Lancaster		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

trouble and heart

How long

trouble

Immediate



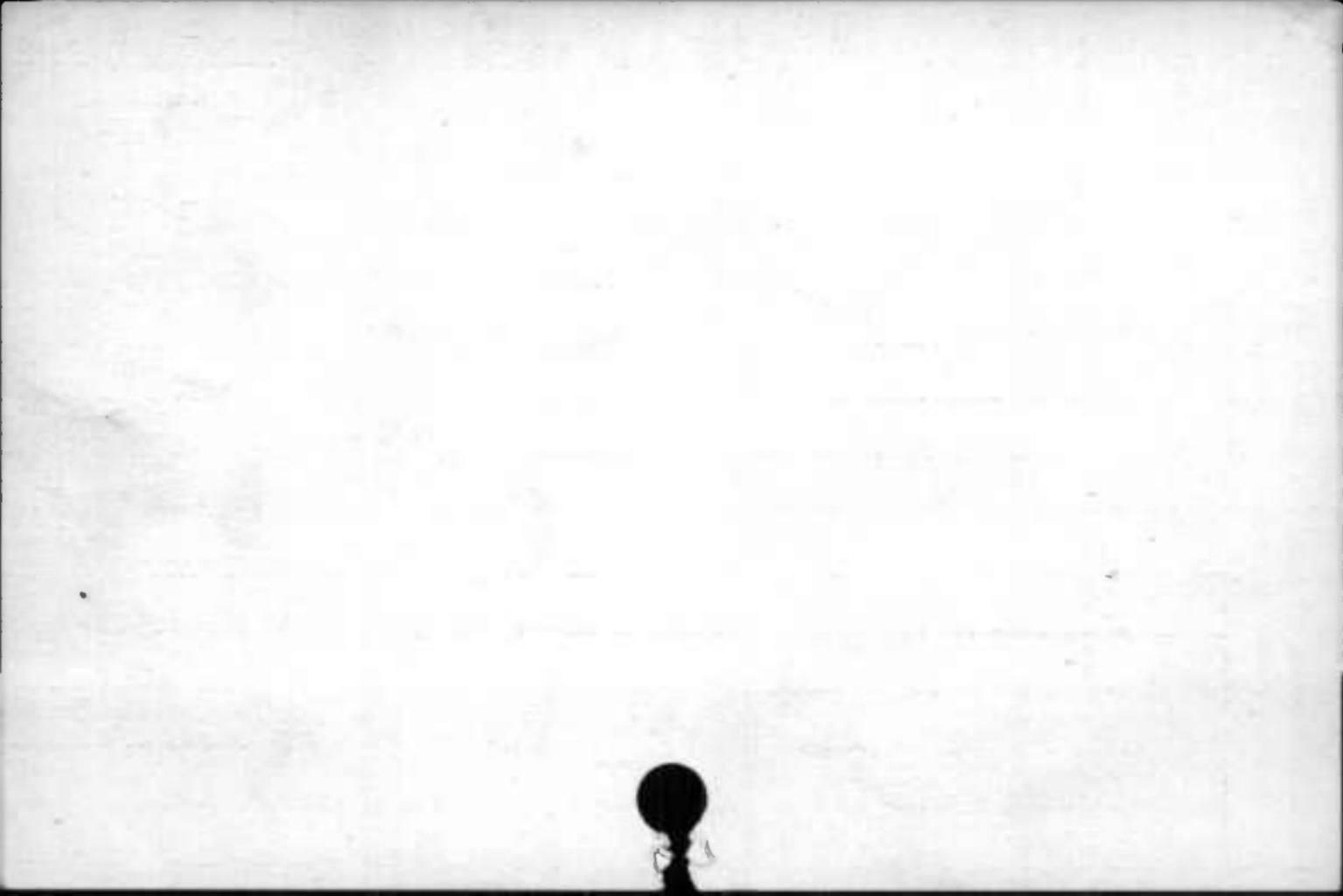
Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

J. O. Bullock
Lancaster and
David M. Garrison and



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Baby Lauer

Town
Died at Dearborn

County
Garrett

CERTIFICATE OF DEATH

MARYLAND

Date of death	Month	Day	Years	Months	Days
1906	Aug	23		2	

Sex	Male	Color or Race	W	Birth- place	Dickson
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Occupation	Where Residing if not at place of death				
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Married, Single or Widowed	Name of Wife or Husband				
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Father's Name	D. M. Lauer				
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Mother's Maiden Name	Steve White				
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Name of person giving Information	Mrs Lauer				
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Father's Birthplace	Md
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Mother's Birthplace	Md
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How related to deceased	Aunt
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CAUSES OF DEATH

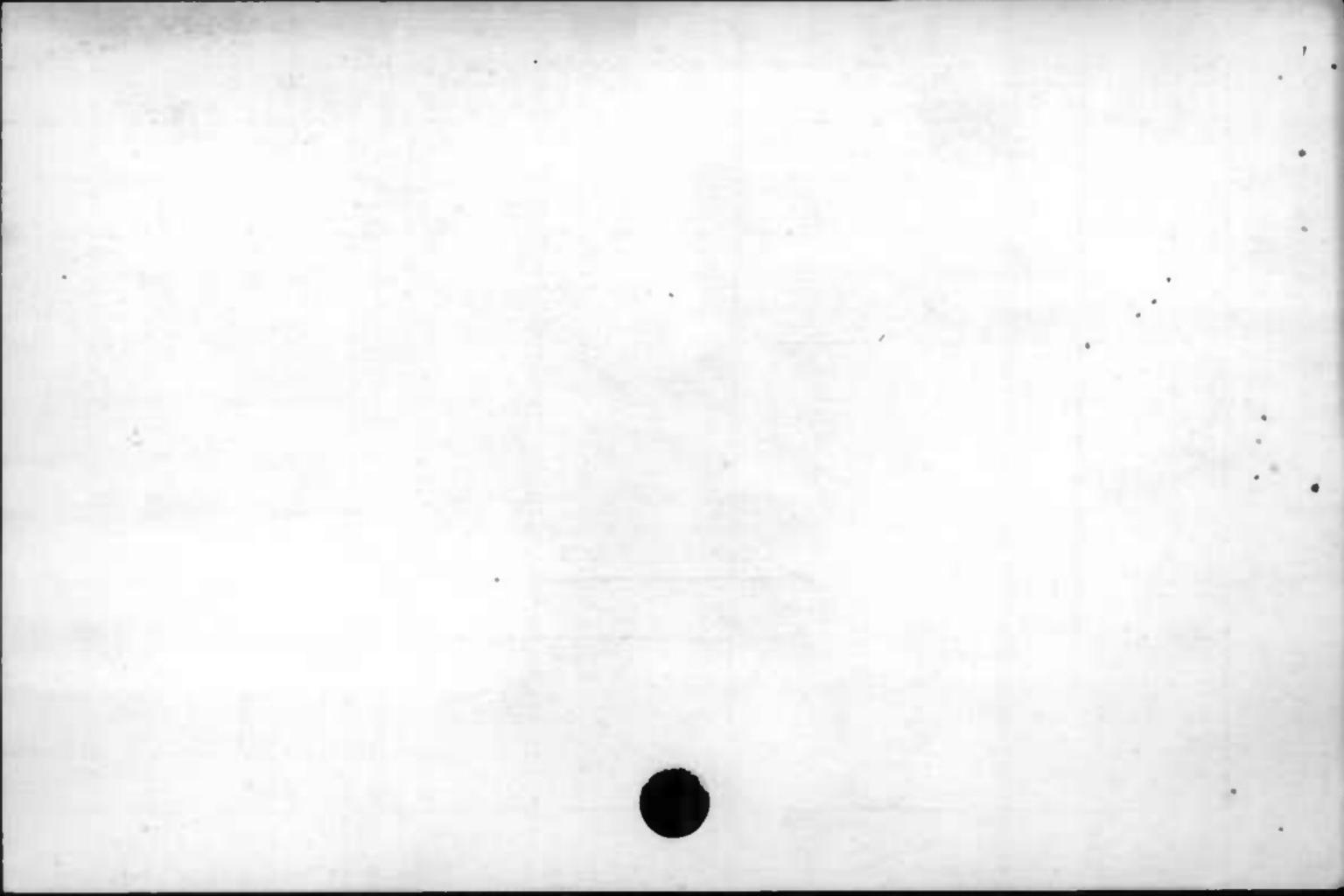
Primary	Ilio-coecitis	105	How long
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Immediate	Exhaustion	"	How long
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Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Howard C. Moore	
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	Address	Dallased Md	
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Accident or Suicide?			
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Name
in
Full

George W. Muhorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	79 ^c 30 21
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Accident	
Father's Name	Lionard Muhorn	Elizabeth Muhorn	
Mother's Maiden Name	Donna Keane	Germany	
Name of person giving Information	William Muhorn	Father's Birthplace	Mother's Birthplace
		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Sensitily.

(54)

How long

21 weeks

Immediate

Exposure

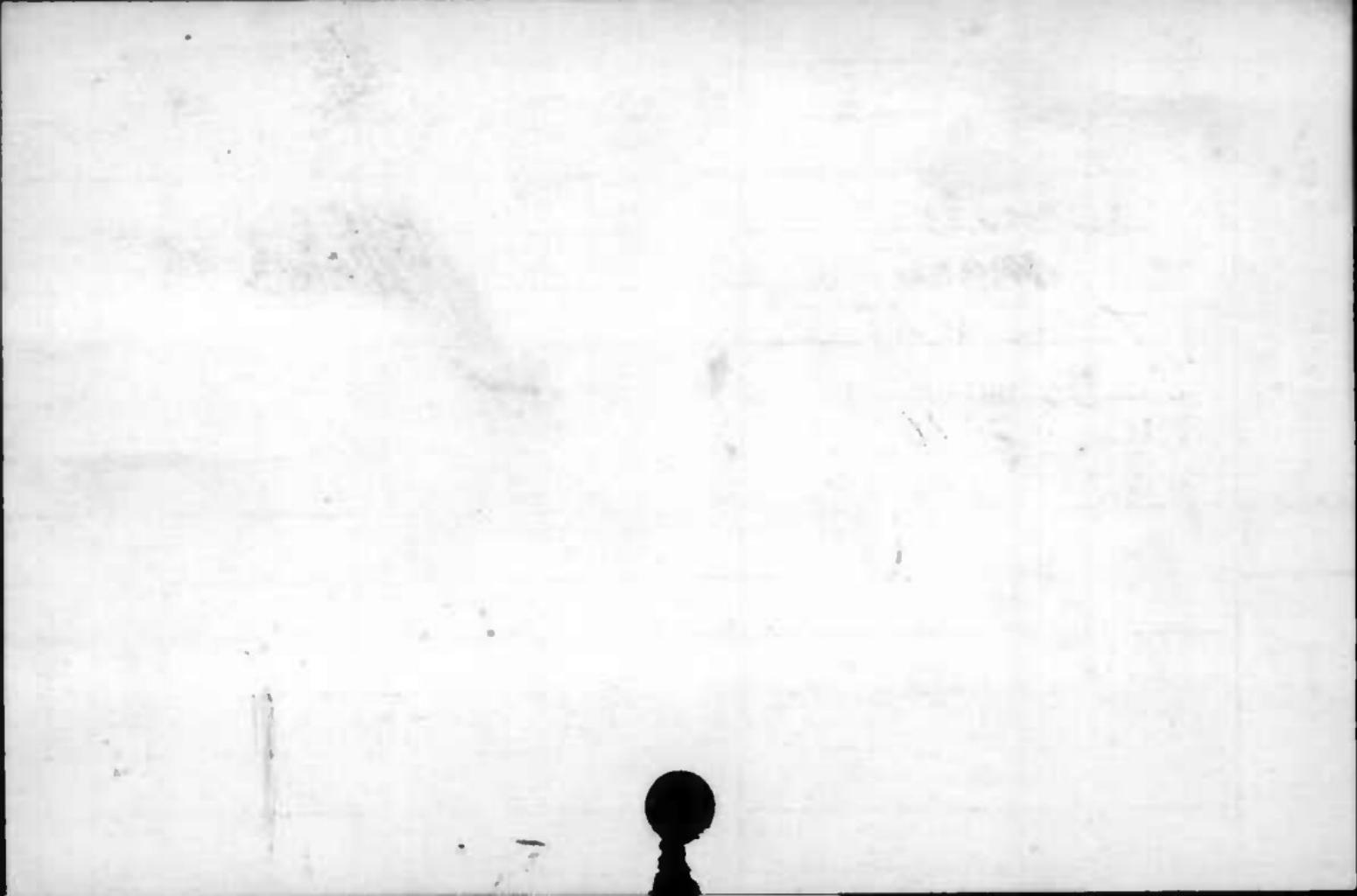
How long

Are the name, age, sex, color, date
and place correctly given above?

Expressed to H.R. Boyers and
Address

Jacob Henry Richelieu
Hoffman not
Accident or Suicide

Kisselkew
so died by accident



Name
in
Full

Burda Rush

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
near Accident	Gor. ed				
Date of death	Month	Day	Years	Months	Days
1906	Aug	4	Age	26	26
Sex	Color of Race	Birth-place			
female	white	Goreville			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	James Rush				
Mother's Maiden Name	Anna B - Dayton				
Name of person giving information	James Rush				

CAUSES OF DEATH

Primary

Diphtheria

⑨

How long

8 days

Immediate

diphtheria

How long

8 days

Are the name, age, sex, color, date and place correctly given above?

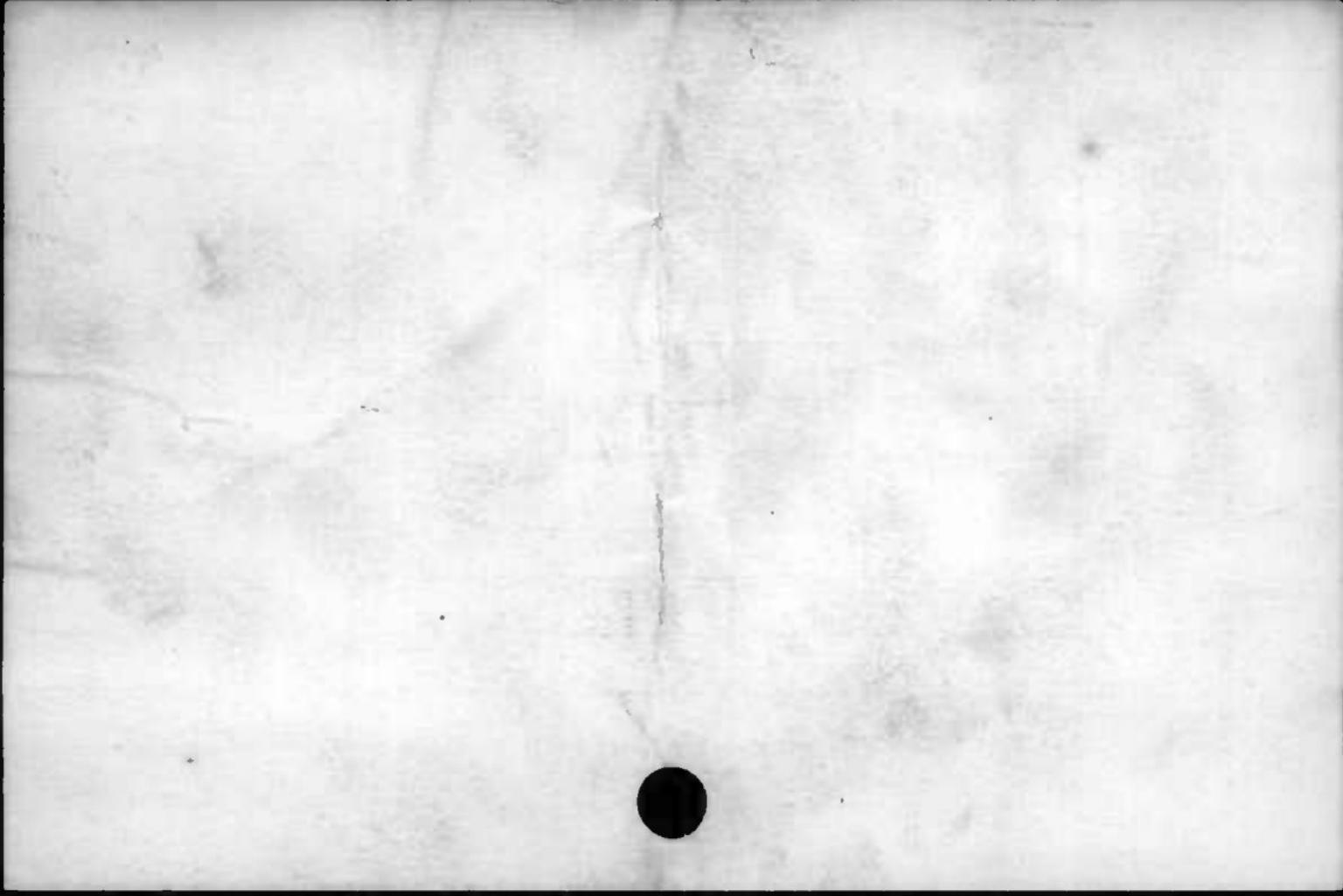
yes

Signature of Physician

Address

R. Baier M.D.
Goreville

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ezra Savage

Town

Died at his Home

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Date of death	Month	Day	Years	Months	Days
1906	Aug	12	Age 82	6	-

Sex	male	Color or Race	White	Birth- place	Maryland
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Occupation	Farmer	Where Residing if not at place of death	-
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Married, Single or Widowed	widower	Name of Wife or Husband	-
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Father's Name	Elemanuel Savage	Father's Birthplace	Md
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Mother's Maiden Name	Mary Castel	Mother's Birthplace	Md
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Name of person giving Information	Austin Savage	How related to deceased	Son
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CAUSES OF DEATH

Primary
Paralysis

How long
2 days

Immediate
"

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

A. Mason MD
Freundsville
Md

Accident or Suicide?

Asa Savage cemetery

did not get card
till astur day
MSH

Name
in
Full

E. Myrtle Welch } P.O. in wa
resided in Md. }

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Breedlove, Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	John Welch			Father's Birthplace	Md	
Mother's Maiden Name				Mother's Birthplace	Md	
Name of person giving Information	A. A. Fiske			How related to deceased	none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ileo- colitis	(105)	How long	2 days
Immediate	"		How long	"
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician		

A. A. Schen. M.D.
Egmon,

Md.

Accident or Suicide?

